

ARIZONA DEPARTMENT OF PUBLIC SAFETY FIREARMS-SAFETY TRAINING COURSE REPORT



Instructors may submit this form upon completion to DPS Concealed Weapon Permit Unit; P.O. Box 6488; Phoenix, AZ 85005. The items listed below are required under Arizona Revised Statute 13-9-110. Records must be kept for five years.

Organization Name

Organization Number

Program Number

Instructor Name (Please Print)	Instructor Number	Signature

Date	Location (Business Name & Address i.e. Ben Avery Shooting Range/Carefree Hwy)	Hours

Name (Please Print)	Age	P/F/W	Name (Please Print)	Age	P/F/W

P = Passed the course F = Failed the course W = Withdrew from course

Additional comments on reverse side of report ____ or additional sheets _____. (please check one if applicable)